

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/19/2014	
NAME OF PROVIDER OR SUPPLIER HARRISON TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN000149626 completed on 5/21/2014.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure Survey completed on May 1, 2014.</p> <p>This visit was also in conjunction with the Investigation of Complaint IN00150753 completed on June 19, 2014.</p> <p>Complaint IN000149626- Corrected.</p> <p>Survey Dates: June 18, 19, 2014.</p> <p>Facility number: 000241 Provider number: 155636 AIM number: 100291310</p> <p>Survey Team: Courtney Mujic, RN- TC Beth Walsh, RN (June 18, 2014) Karina Gates, Medical Surveyor Tom Stauss, RN</p> <p>Census Bed Type: SNF/NF: 102 Total: 102</p> <p>Census Payor Type: Medicare: 12 Medicaid: 82 Other: 8 Total: 102</p> <p>Harrison Terrace was found to be in compliance</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the PSR to the Investigation of Complaint IN000149626. Quality review completed on June 26, 2014 by Cheryl Fielden, RN.	{F 000}			